

THE CLEVELAND MUSEUM OF ART, May 4 to June 12, 1949 THIRTY-FIRST ANNUAL EXHIBITION of work by Cleveland Artists and Craftsmen

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist JAMES L. KOCOUR, M.D. (Please print plainly)

Telephone No. BR 5077 Address 3300 E.55 ST.

Zone No.

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank DO NOT WRITE IN **EDITIONS AND** TITLE (PRINT PLAINLY) CLASS PRICE NUMBER FOR SALE THESE COLUMNS I50 VERNAL VOWS I50 SOUTH BY WEST IOO SAGAMORE HILLS EVENING AT HOME 50 Permission to print prices on labels granted unless declined here

Entry blanks must be filled out and returned to the Museum on or before April 5, those postmarked later than April 5 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 9 to April 16 (except Sunday).

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